

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21360

FILED
Jan 31, 2009
Secretary of State

Entity Name: FRIENDS OF PERDIDO BAY, INC.

Current Principal Place of Business:

10738 LILLIAN HWY.
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

10738 LILLIAN HWY.
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 00-0090202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANE, JACQUELINE M.
10738 LILLIAN HWY.
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

LANE, JACQUELINE M.
10738 LILLIAN HWY.
PENSACOLA, FL 32506 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JACQUELINE M. LANE

01/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LANE, JACQUELINE M.,
Address: 10738 LILLIAN HWY.
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: DEGRAAF, BOB
Address: 3547 MAIKAI DR
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: PARTRIDGE, JIM
Address: 9148 BAYVIEW DR
City-St-Zip: LILLIAN, AL 36549

Title: D () Delete
Name: LANE, JAMES H.,
Address: 10738 LILLIAN HWY.
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: BROWN, J.D.,
Address: 400 COLBERT AVE.
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: HAYES, HAROLD
Address: 9124 BAYVIEW DR
City-St-Zip: LILLIAN, AL 36549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LANE, JACQUELINE M.,
Address: 10738 LILLIAN HWY.
City-St-Zip: PENSACOLA, FL 32506

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LANE, JAMES H.,
Address: 10738 LILLIAN HWY.
City-St-Zip: PENSACOLA, FL 32506

Title: D (X) Change () Addition
Name: BROWN, J.D.,
Address: 400 COLBERT AVE.
City-St-Zip: PENSACOLA, FL 32507

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE M. LANE

D.

01/31/2009

Electronic Signature of Signing Officer or Director

Date